

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006530

1. Entity Name

COLEGIO OF DOMINICAN JOURNALISTS, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90033 006 \*\*\*\*75.00

Principal Place of Business

Mailing Address

135 SW 22ND AVE  
MIAMI FL 33135  
US

135 S.W. 22ND AVE.  
MIAMI FL 33135-1502

2. Principal Place of Business

135 S.W. 22ND AVE.

3. Mailing Address

8564 N.W. 8TH ST.

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0797074

Applied For

Not Applicable

Zip

Country

33135 Miami-Dade

Zip

Country

33124-3705 Miami-Dade

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, PABLO  
8564 NW 8 STREET  
MIAMI FL 33126-3709

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS RODRIGUEZ, PABLO  
CITY-ST-ZIP 8564 NW 8 ST  
MIAMI FL 33126-3709

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ACEVEDOEZ, MIGUEL  
CITY-ST-ZIP 9004 NW 116 ST  
HIALEAH GARDEN FL 33018-4125

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS CARVAJAL, JOSE  
CITY-ST-ZIP 9655 S.W. 152 AVENUE  
MIAMI FL 33196

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: 1966 Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/20/00

(205) 642-6720 X145

CR2E037 (9/99)